

**\* If you fail to return this form and void cheque to Blue Cross within 31 days of your layoff effective date, your Health Benefits (and Dental if applicable) will be suspended until your return to regular active work.**

Manitoba Public School Employees Dental & Extended Health Benefits Plan

Date \_\_\_\_\_

Re – Temporary Layoff Due to COVID-19

To continue your Manitoba Blue Cross coverage during your layoff, please complete the Pre-Authorized Debit application below. Manitoba Blue Cross will automatically withdraw the monthly benefit premium from your bank account for the duration of your layoff. Deductions will be taken on the 1st of the month. Coverage may be continued for up to 6 months, from the end of the month in which the layoff started.

Please return the completed Pre-Authorized Debit application and your cheque marked “VOID” to Manitoba Blue Cross at the address below. If not received within 31 days of your layoff effective date, your Manitoba Blue Cross coverage will not be continued during your layoff.

**PRE-AUTHORIZED DEBIT APPLICATION**

Name		Certificate Number
Address		School Division
Coverage applied for during temporary layoff due to COVID 19 <input type="checkbox"/> Health <input type="checkbox"/> Dental (if applicable to your School Division)		
Start Date of Layoff		Bank or Financial Institution
Transit Number	Institute Number	Account Number

I authorize Manitoba Blue Cross to perform a business Pre-Authorized Debit (PAD) on the 1st of every month for each billing period. The amount may vary. I will notify Manitoba Blue Cross in writing of any changes to my account information. I may revoke my authorization at any time, subject to providing notice of 30 days. For more information on my right to cancel a PAD agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca). I have certain recourse rights if any debit does not comply with this agreement. Upon return to work, this authorization will be cancelled when the School Division resumes regular collection of my Health and/or Dental premiums and forwards them to Manitoba Blue Cross.

**Please Note:** For joint accounts – all depositors must sign this form if the joint account requires more than one signature on cheques issued against this account.

Signature	Date
Signature	Date

**Manitoba Blue Cross**  
**Attention: Client Administration**  
 PO Box 1046 Stn Main  
 Winnipeg MB R3C2X7  
 Fax: 204.772.1231  
 Email: [MBCgroupbenefits@mb.bluecross.ca](mailto:MBCgroupbenefits@mb.bluecross.ca)

